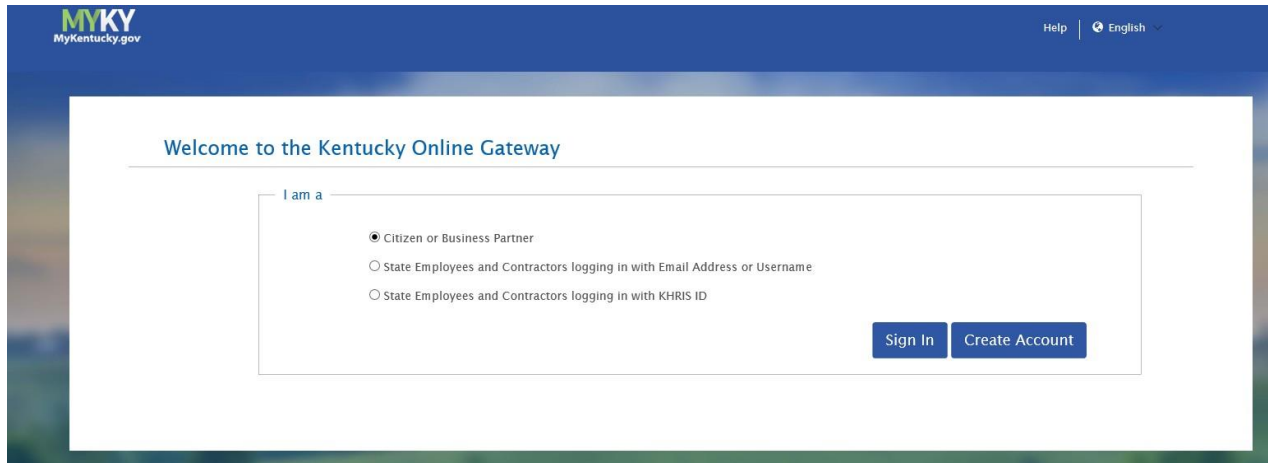


# KOG Onboarding for CAN Check Request

Open your browser and enter the following

[https://sso.kog.ky.gov/app/template\\_wsfd/exk1uys15uuYzdJ7z4h7/wsfd/sso/login](https://sso.kog.ky.gov/app/template_wsfd/exk1uys15uuYzdJ7z4h7/wsfd/sso/login)

This is a two-step process: First, create an account if you do not have an account with KOG (pages 1 -3 of this document), then, second, request a Child Abuse and Neglect (CAN) check (pages 4 - 10 of this document). Highlighted areas are specific to Kenton County School District.



Select **Citizen or Business Partner**. Click on **Create Account** button.

## Please complete your Kentucky Online Gateway Profile

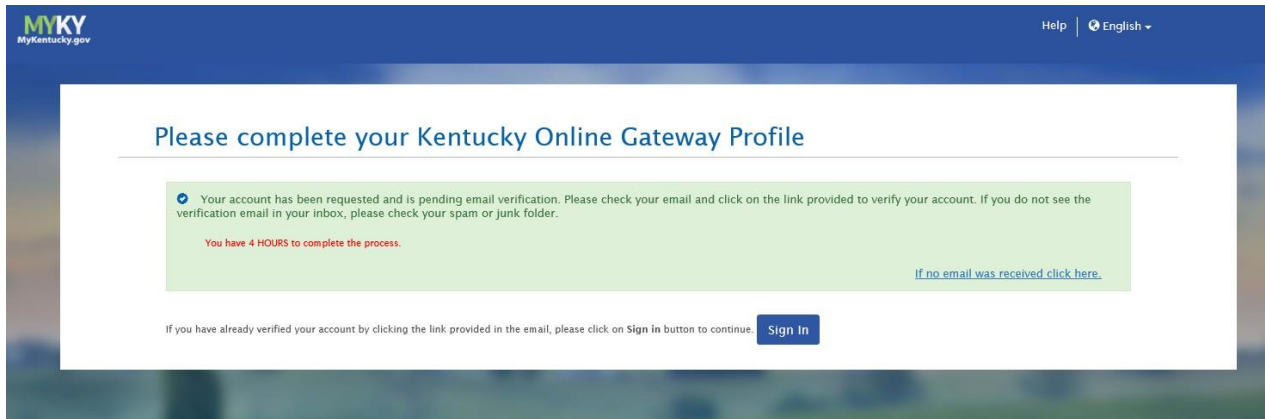
**i** If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **Cancel** button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.  
All fields with \* are required.

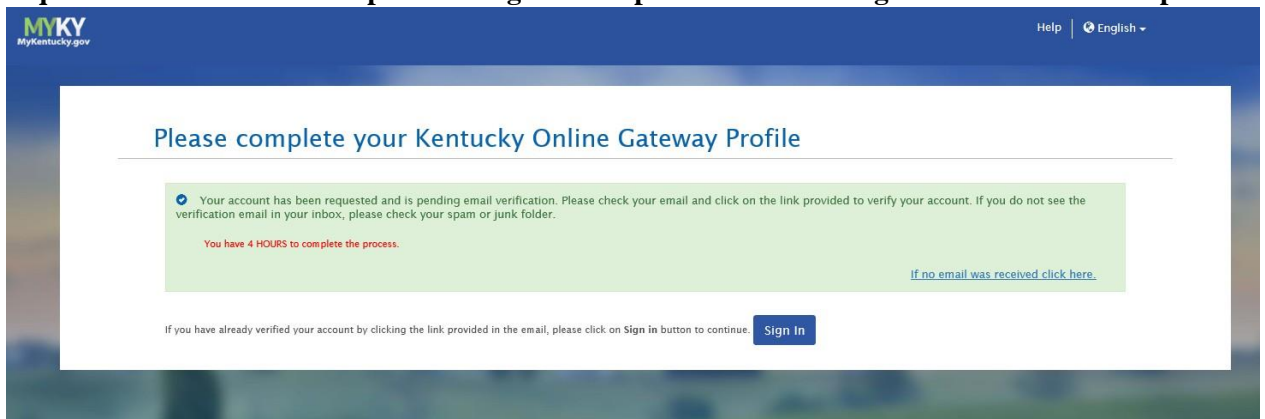
* First Name	Middle Name	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* E-Mail Address		* Verify E-Mail Address	
<input type="text"/>		<input type="text"/>	
* Password		* Verify Password	
<input type="text"/>		<input type="text"/>	
Mobile Phone		Language Preference	
<input type="text"/>		English <input type="text"/>	
Street Address 1		Street Address 2	
<input type="text"/>		<input type="text"/>	
City		State	Zip Code
<input type="text"/>		Kentucky <input type="text"/>	<input type="text"/>
Question		* Answer	
In what city were you born? (Enter full name of city only) <input type="text"/>		<input type="text"/>	
Question		* Answer	
What was the name of your first pet? <input type="text"/>		<input type="text"/>	

**Cancel** **Sign Up**

Enter the required information on the displayed screen and click the **Sign Up** button to complete your KOG Profile. **NOTE: The provided E-Mail address will be used for the account username.**



A success message is displayed if required information was submitted. An E-Mail from [KOG\\_DoNotReply@ky.gov](mailto:KOG_DoNotReply@ky.gov) is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process or a new registration must be completed.**



Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.

This email is to help you complete the last step of account set-up.

Your Citizen account username [REDACTED]

Click on the below link now, to activate your account.

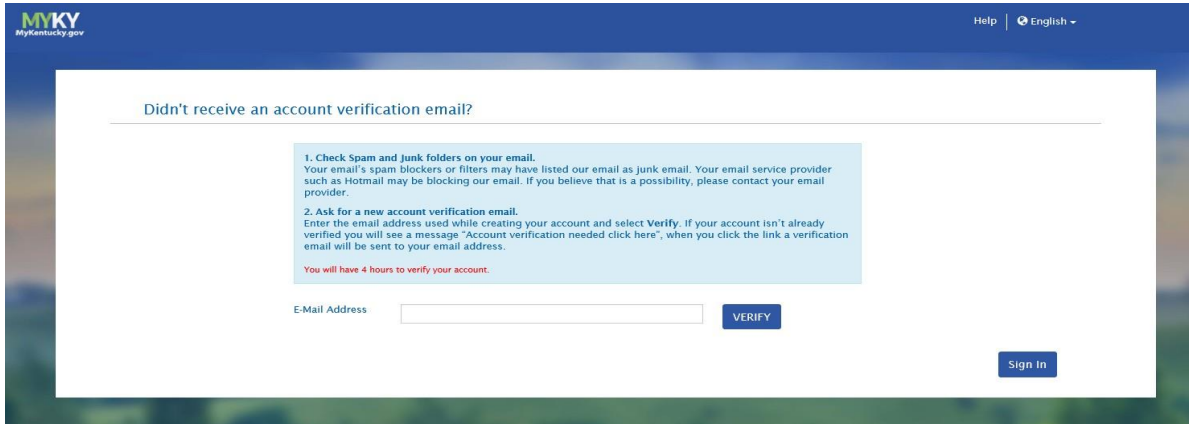
<https://kog.chfs.ky.gov/public/fwlink/?linkid=14408a3f-4cdd-4e0f-8332-67b8d1bf83a3>

[Click here for Help Desk contact information](#)  
Kentucky Online Gateway

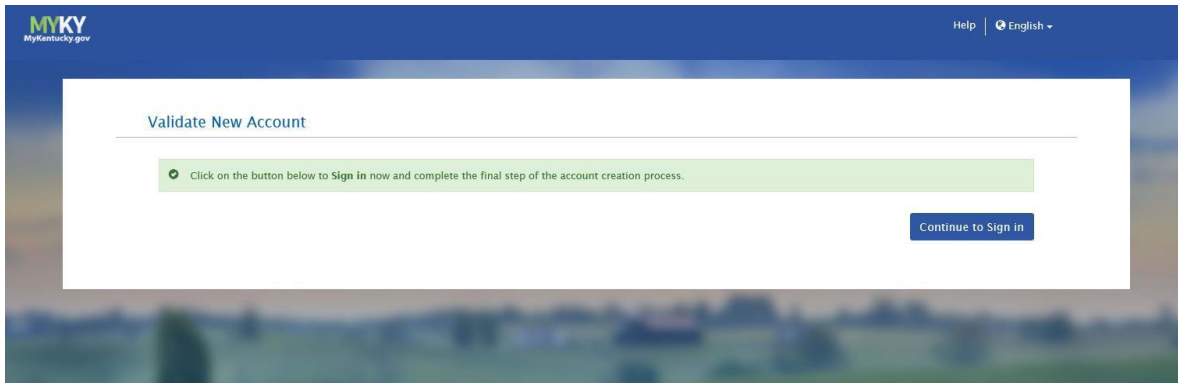
NOTE: Do not reply to this email. This email account is only used to send messages.

Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person supposed to get this message, please destroy all copies.

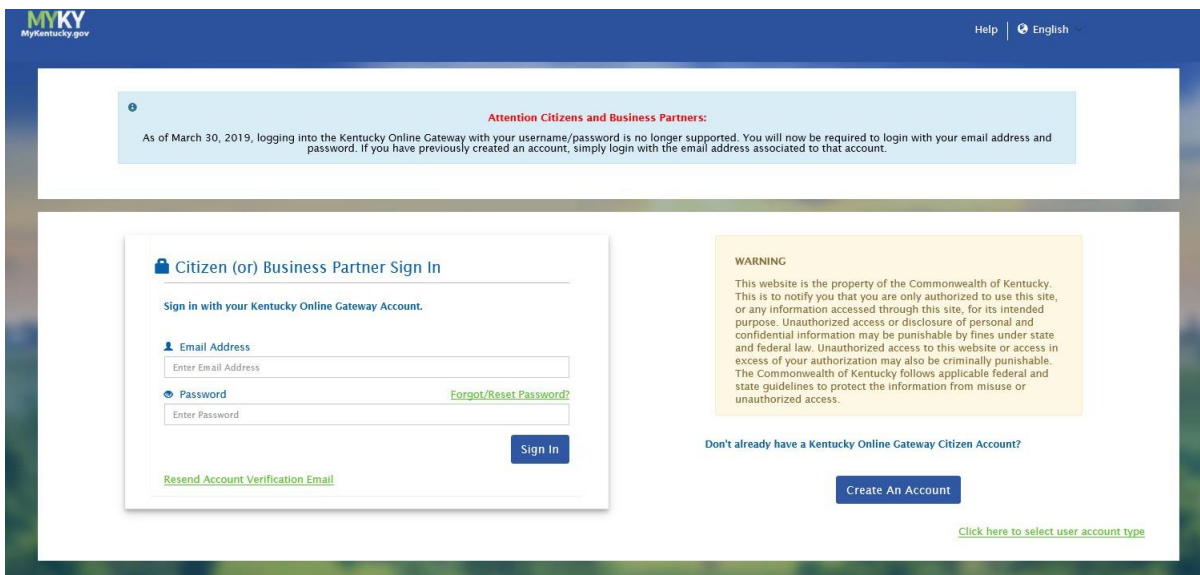
If an E-Mail is **not** received within 30 minutes, click on the **No E-Mail received** link. Enter the previously provided E-Mail address and click **Verify** to resend E-Mail.



Once the user clicks on the E-Mail activation link the requestor will be sent to the **Validate New Account** screen, where they will be prompted to **Continue to Sign In**.



User will be redirected to the **KOG External Gateway Log In** screen. (You may want to save the URL to your Favorites.) Enter your username and password and click **Sign In**.

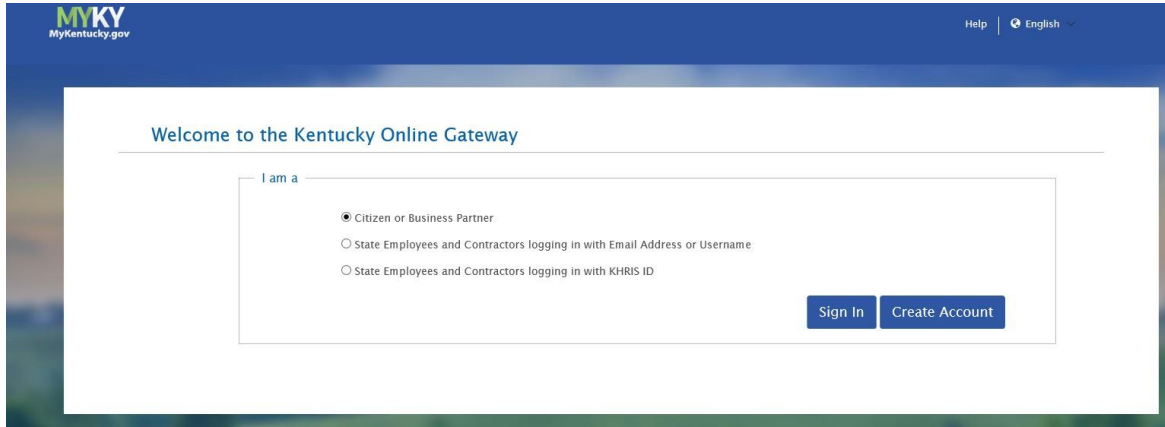


# CAN Check Request User Guide

Open your browser and enter the following:

[https://sso.kog.ky.gov/app/template\\_wsfed/exk1uys15uuYzdJ7z4h7/wsfed/sso/login](https://sso.kog.ky.gov/app/template_wsfed/exk1uys15uuYzdJ7z4h7/wsfed/sso/login)

Select **Citizen or Business Partner** and Select **Sign In**



Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

## Citizen (or) Business Partner Sign In

Sign in with your Kentucky Online Gateway Account.

 Email Address

Enter Email Address

 Password

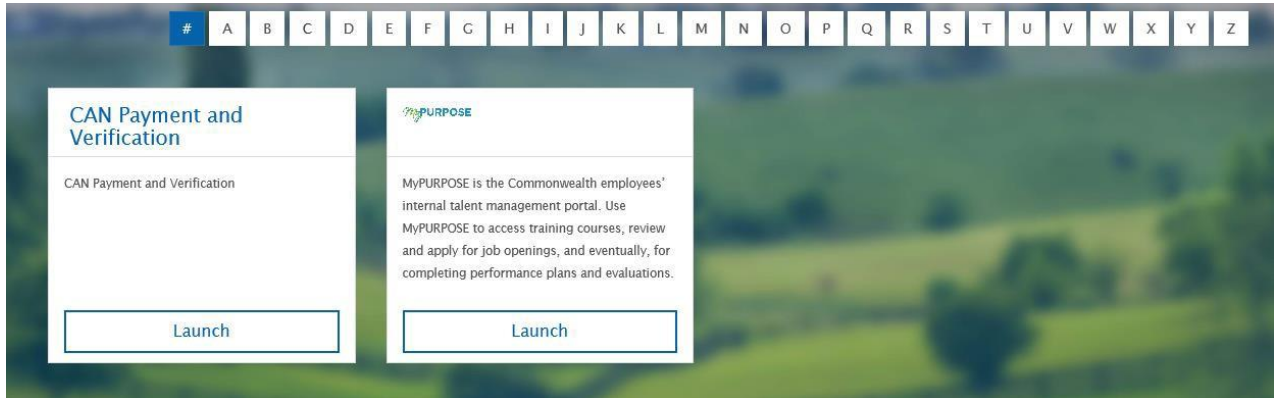
Enter Password

[Forgot/Reset Password?](#)

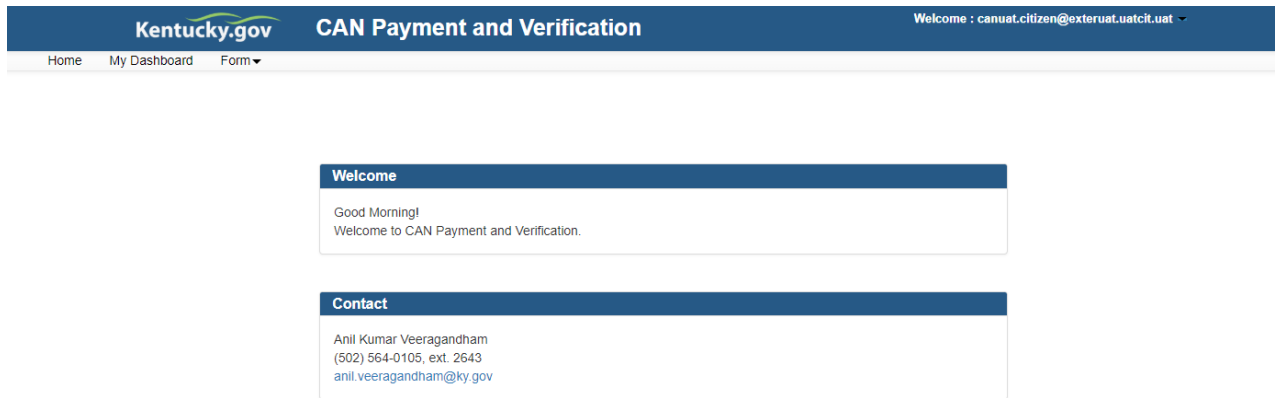
Sign In

[Resend Account Verification Email](#)

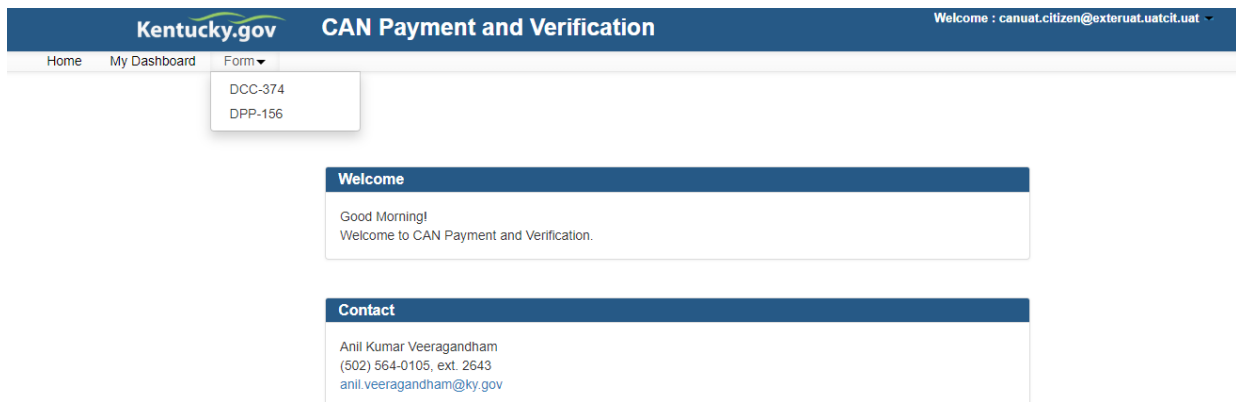
Select the letter “C” from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch**.



The CAN Check Home screen will be displayed.



Select DPP-156 for Central Registry Checks



Sections of the selected form annotated with a red \* are mandatory fields (Middle Name and Nick Name/Maiden name can have N/A entered if not applicable). A proof of ID (driver's license, birth certificate, or Social Security card) photograph must be attached to each request.

Approved file types are as follows:

- ✓ .JPEG
- ✓ .PNG
- ✓ .BMP
- ✓ .PDF

Select "Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)

CENTRAL REGISTRY CHECK

\* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)  
 Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Widerness) (Required by 922 KAR 1:300)  
 **Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)**  
 Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)  
 Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.260-194A.285)  
 Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.343)

**Personal Information**

Personal information regarding the individual submitting to a child abuse or neglect check

<p><b>* First Name</b></p> <input style="width: 95%;" type="text" value="Ex. John"/>	<p><b>* Last Name</b></p> <input style="width: 95%;" type="text" value="Ex. Smith"/>
<p><b>Middle Name</b></p> <input style="width: 95%;" type="text" value="Ex. Jones"/>	<p><b>Nick Name</b></p> <input style="width: 95%;" type="text" value="Ex. Dave"/>
<p><b>* Sex</b></p> <input style="width: 95%;" type="text" value="-- Please select a Sex --"/>	<p><b>* Race</b></p> <input style="width: 95%;" type="text" value="-- Please select a Race --"/>
<p><b>* Date of Birth</b></p> <input style="width: 95%;" type="text" value="MM/DD/YYYY"/>	<p><b>* Social Security #</b></p> <input style="width: 95%;" type="text" value="xxx-xx-xxxx"/>
<p><b>* Date of Initial Hire</b></p> <input style="width: 95%;" type="text" value="MM/DD/YYYY"/>	

**Current Address**

<p><b>* Address Line 1</b></p> <input style="width: 95%;" type="text" value="Ex. 123 Main St"/>	<p><b>Address Line 2</b></p> <input style="width: 95%;" type="text" value="Ex. Apt 10 Or Suite 200"/>
<p><b>* City</b></p> <input style="width: 95%;" type="text" value="Ex. Frankfort"/>	<p><b>* State</b></p> <input style="width: 95%;" type="text" value="-- Please select a State --"/>
<p><b>* Zip Code</b></p> <input style="width: 95%;" type="text" value="Ex. 12345"/>	

\* Living at the current address longer than 5 Years? \* Yes  No

**Employer / Agency Information**

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

**View / Upload Documents**

\* Upload Supporting Document

No file chosen

Place a checkmark in the "Employer / Agency Information" checkbox and add the following information:

Name: Kenton County School District  
E-mail Address: [hr@kenton.kyschools.us](mailto:hr@kenton.kyschools.us)  
Address Line 1: 1055 Eaton Dr  
City: Ft. Wright  
State: KY  
Zip Code: 41017

**Employer / Agency Information**

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency. Results will not be mailed

**Name**  
Employer / Agency Name goes here...

**Email Address**  
Ex. test@test.com

**Address Line 1**      **Address Line 2**  
Ex. 123 Main St      Ex. Apt 10 Or Suite 200

**City**      **State**      **Zip Code**  
Ex. Frankfort      -- Please select a State --      Ex. 12345

To Save the current request to your dashboard prior to payment select **Save**.

To Save and add additional requests to submission (up to 10 CAN checks per submission) select **Save and Add Applicant**.

To submit requested CAN Check(s) for payment select **Submit**.

Check the Employer/ Agency Information box.

**Current Address**

\*Address Line 1      Address Line 2  
Ex. 123 Main St      Ex. Apt 10 Or Suite 200

\*City      \*State      \*ZipCode  
Ex. Frankfort      -- Please select a State --      Ex. 12345

\*Living at the current address longer than 5 Years? \* Yes  No

**Employer / Agency Information**

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

**View / Upload Documents**

\*Upload Supporting Document  
Choose File | No file chosen

Upload

Save & Add Applicant   Save   Submit

Upon Submission, you will be presented with the payment selection screen.



If you wish to pay by credit card/debit card select **Pay by Credit/Debit Card**. Then select **Proceed to E-Sign**.

Confirm your electronic signature and select **Sign and Pay**.

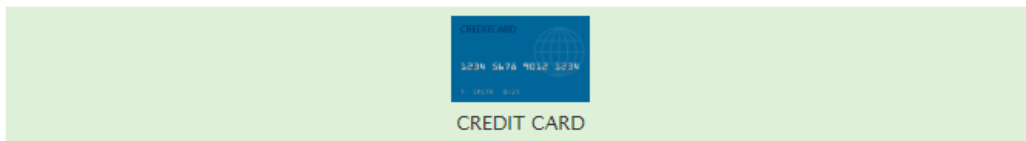
**E-Signature**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information. All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all the information needed, I may be subject to prosecution for fraud.

<b>Signature</b>	<b>Date and Time</b>
<input type="text" value="canuat citizen"/>	<input type="text" value="5/13/2019 1:57:03 PM"/>

Enter your credit card/debit card information on the **Select Payment Type** screen (there is a fee of \$10 per CAN Check request submitted). Select Next to Continue to Payment overview page.

### Select Payment Type



### Card Details

<b>Card Number (required)</b>	<b>Expiration Date (required)</b>	<b>Security Code (required)</b>
<input type="text"/>	<input type="text" value="01"/> <input type="text" value="2019"/>	<input type="text"/>
<small>No spaces or dashes, please.</small>		<a href="#">Help</a>

### Cardholder Details

<b>Name (required)</b>	<b>Country (required)</b>	
<input type="text"/>	<input type="text" value="United States"/>	
<b>Address Line 1 (required)</b>	<b>Address Line 2</b>	
<input type="text"/>	<input type="text"/>	
<b>City (required)</b>	<b>State (required)</b>	<b>Zip Code (required)</b>
<input type="text"/>	<input type="text" value="KY"/>	<input type="text"/>

Select **Pay Now** if all details are correct to finalize payment.

**CHFS Child Abuse & Neglect (CAN) Checks**

Visa Card Details [EDIT](#)

Card Number \*\*\*\*\*1111 Expiration Date 1/2020

Cardholder Details [EDIT](#)

Jonathan Vandiver  
Frankfort, KY 40601 United States

**PAY NOW**

[Cancel and return to CHFS Child Abuse & Neglect \(CAN\) Checks](#) [Login with Kentucky Online Gateway](#)

[Policies](#) [Security](#) [Disclaimer](#) [Accessibility](#)

**Kentucky**  
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Kentucky.gov

Summary	
CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
Sub Total	\$10.00
<b>Total</b>	<b>\$10.00</b>

After successful payment or if you selected to pay by Agency Payment Code a CAN Check request receipt is displayed proving the assigned Case Number(s) for your request(s).

**Payment Confirmation**

**Thank you for your payment! Your payment is confirmed**

Payment Confirmation Details	
Confirmation #	41904152
Payment Type	CreditCard
Total Amount	10.00
Transaction Status	Paid

Your application(s) have been submitted for review. Below are the case numbers for reference

#	Case Number	First Name	Last Name
1	CHRS20190000106	[REDACTED]	[REDACTED]

A confirmation of payment notification has been sent to your provided E-Mail address.

[Go to Dashboard](#)

An E-Mail will be sent to the address on file providing the Case Number upon successful submission.

Forward a copy of this submission notice to [hr@kenton.kyschools.us](mailto:hr@kenton.kyschools.us) to verify the CAN check has been requested. Type the position and location you are accepting with KCSD in the body of the e-mail when forwarding the final CAN Check report. This will help route your results to the correct member of the Human Resources team. Failure to complete this step will delay your ability to start in your position.

The **My Dashboard** section of the of the Requestor dashboard displays In Process, Completed and Cancelled CAN Check requests.

Select **View** to see CAN Check(s) in Submitted or In Process Status.

Select **Result** to see the final results of CAN Check(s) in Completed or Cancelled Status.

Select **Print** to print the CAN Check for your records.

### Requestor Dashboard

**Applicant Search**

Applicant First Name

Applicant Last Name

Form

Status

[Applicant Search](#)

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Edit	Print
1051	1068	CHRS20190000104	Tyrion	Lannister	DCC	5/6/2019	5/6/2019	Completed	<a href="#" style="background-color: #008000; color: white; padding: 2px 5px;">Result</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Edit</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Print</a>
1052	1069	CHRS20190000105	Jane	Dixon	DCC	5/6/2019	5/6/2019	Completed	<a href="#" style="background-color: #008000; color: white; padding: 2px 5px;">Result</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Edit</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Print</a>
1053	1070		Morpheus	Endless	DCC	5/13/2019	5/13/2019	Saved	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">View</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Edit</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Print</a>
1054	1071	CHRS20190000106	Jonathan	Vandiver	DCC	5/13/2019	5/13/2019	Submitted	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">View</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Edit</a>	<a href="#" style="background-color: #004a87; color: white; padding: 2px 5px;">Print</a>

Showing 21 to 24 of 24 entries Previous 1 2 Next

An E-Mail will be sent to the address on file upon CAN Check request completion or cancellation stating that results are available for review.

Once received, forward the final CAN Check report to [hr@kenton.kyschools.us](mailto:hr@kenton.kyschools.us). Type the position and location you are accepting with KCS D in the body of the e-mail when forwarding the final CAN Check report. This will help route your results to the correct member of the Human Resources team. Failure to forward the final CAN Check report in a timely manner will result in termination of employment and/or removal from a volunteer/unpaid position.

Thank you for completing this state-required process in order to serve KSCD students!